

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me G</i>		1/20/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	71480	7-16-00
FORMALITY REVIEW	<i>[Signature]</i>	710976	8-28-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	3/25/01
2	8/9/01
3	5/19/02
4	5/29/03
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If more than 150 claims or 10 actions
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